



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES



APPLICATION FOR NEW OWTS DESIGNER'S LICENSE
CLASS I, II, III, IV

This form is valid for license year beginning January 1, 2018.

FOR DEM USE ONLY

Date Received \_\_\_\_\_ Check No. \_\_\_\_\_ Amt. Received \_\_\_\_\_ Code 17B

INSTRUCTIONS

- 1. Read all instructions and questions carefully before completing this application.
2. Do not write in the boxes labeled "For DEM Use Only".
3. All information must be printed in ink or type written.
4. Fill out all sections completely, including your signature.
5. Send application and fee to: Department of Environmental Management, Permit Application Center (PAC), 235 Promenade Street, Providence, RI 02908.
6. Within 30 days of receipt of an application, the applicant shall be notified of their eligibility status.

GENERAL INFORMATION

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_
Legal Residential Mailing Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_
Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

LICENSE APPLICATION FEE TABLE

Table with 3 columns: License, Number of Years for Which the License will be Valid, License Application Fee. Rows include Class I (\$150), Class II (\$50), Class III (\$50), and Class IV\* (\$100\*).

\*If you are applying for a Class IV License and hold another Designer License, find the License Application Fee associated with that license in the table above and pay the indicated fee. The new CI-IV license, when issued, will expire at the same time as the other license.

TAXPAYER CERTIFICATION

You are required to furnish your Social Security # or FEIN pursuant to Chapter 75 of Title 5 and Chapter 3 of Title 31 of the RI General Laws, as amended. Any person applying for any license or permit to conduct a business or occupation within Rhode Island...

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Social Security # or FEIN \_\_\_\_\_
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_
Printed Name \_\_\_\_\_

If necessary, please submit Letter of Good Standing or Installment Agreement along with this completed license application as directed above in the Instructions section of this application form.

This form expires November 1, 2018, see RIDEM website (www.dem.ri.gov) for most recent form.

## EMPLOYMENT INFORMATION

Contact information for OWTS permitting and licensing and for the designer listing on the RIDEM website.

Business Name (optional): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email\*: \_\_\_\_\_

\* Email addresses are **not** posted to website; they are used only for communication between DEM and the licensee.

## LICENSE

Indicate license for which you are applying    Class I     Class II     Class III     Class IV

License(s) currently held: (Check appropriate title(s))

RI PLS    Registration # \_\_\_\_\_

RI PE    Registration # \_\_\_\_\_

RIDEM OWTS Installer

RIDEM Class I Designer

RIDEM Class II Designer

RIDEM Class III Designer

RIDEM Class IV Soil Evaluator

License # \_\_\_\_\_

License # \_\_\_\_\_

License # \_\_\_\_\_

License # \_\_\_\_\_

License # \_\_\_\_\_

Are any of the licenses checked above currently expired, suspended, or revoked?    Yes     No

Have you ever possessed a professional license, which is a minimum requirement to obtain a RIDEM designer's license, which was revoked, suspended or which has expired?    Yes     No

If yes, what type of license \_\_\_\_\_.

If yes, please give date of revocation, suspension or expiration \_\_\_\_\_.

## AFFIDAVIT

I, the undersigned Applicant, hereby declare under the penalty of perjury that all statements made on this application and in support thereof are true and complete to the best of my knowledge and belief; that this application is made in compliance with the laws, rules, and regulations of the State of Rhode Island.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary \_\_\_\_\_ My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

## FOR DEM USE ONLY

### License Status

Approved

Denied

**LICENSE NUMBER:** \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_